

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

	1011	TO EU TO GUICIT	dar year, or tax year beginning , 2013, and ending									
В	Check	ıf applıcable	C Name of organization FACTORY WORKERS LABORERS UNION LOCAL NO. 1	357 D Employe	er identification number							
	A	ddress change	Doing business as	20-2	258575							
	∏ _N ;	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephor	ie number							
	In	itial retum	1800 LIGONIER STREET	(724) 537-2681							
	Fu	nal return/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	∏ Ai	mended return	LATROBE PA 15650	G Gross re	ceipts \$ 133,068.							
		pplication pending	F Name and address of principal officer:	s this a group return t	for subordinates? Yes X No							
	ш .		KENNETH COGAN 1800 LIGONIER STREET LATROBE PA 15650 H(b)	Are all subordinates in	ncluded? Yes No							
$\overline{}$	Tay	-exempt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	f 'No, attach a list (se	ee instructions)							
÷		bsite: N/		Group exemption num	nhar ►							
-		n of organization		ī	tate of legal domicile PA							
				2005 101 30	ate of legal dofficile FA							
چ چ د	1	Summar		CTORY WORK	EDS IN MAINTAINING							
			be the organization's mission or most significant activities REPRESENT FACTORY WORKERS IN MAINTAINING REPRESENT FACTORY WORKERS IN MAINTAINING									
Se Se		¥ MOKUTIN	G KEDALLONSHIP WITH THEIR EMPLOTER									
nar					· 							
ě	2	2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets										
ගි	3		ting members of the governing body (Part VI, line 1a)		3 5							
∞ ∞	4		dependent voting members of the governing body (Part VI, line 1b)	L	4 5							
ties	5	Total number	of individuals employed in calendar year 2015 (Part V, line 2a)		5 19							
Œ₹	6	Total number	of volunteers (estimate if necessary)	[6 0							
୍ଦିଥ	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	[7a 178.							
	b	Net unrelated	business taxable income from Form 990-T, line 34		7b 0.							
NOF CENNAGE Activities & Governance				Prior Year	Current Year							
1	8	Contributions	and grants (Part VIII, line 1h)		132,890.							
P D	9	Program serv	ice revenue (Part VIII, line 2g)									
~	10		come (Part VIII, column (A), lines 3, 4, and 7d)		178.							
Z.c	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
1	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,068.							
6	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,600.							
20	14	Benefits paid	to or for members (Part iX, column (A), line 4)									
2016	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		26,918.							
© Expenses	16 a	Professional f	fundraising fees (Part IX, column (A), line 11e)									
je L	Ь	Total fundrais	ing expenses (Part IX, column (D), line 25)		Har Car A Carlo							
ŭ	17		es (Part IX, column (A), lines 11a 11d 1124 0 EIVEB	***************************************	128,648.							
	18	Total expense	es. Add lines 13-17 (must equal Party X, column (A), line 25)		157,166.							
	19		expenses Subtract line 18 from 12 MAY 1 9 2016		-24,098.							
× 5		ivevenue less										
te or	20	Total assets (Part X, line 16)	eginning of Current 80,3								
969	20		s (Part X, line 26) OGDEN, .UT		75. 2,187.							
Not Asset												
_			fund balances. Subtract line 21 from line 20	79,0	51. 54,953.							
		Signatuı		 .								
Und	er penal plete D	lties of perjury, I dec eclaration of prepar	y knowledge and beli	ef, it is true, correct, and								
		- 1	educal - 1 vel	1/5/	73-17							
٥:		Signatu	re of officer	Date	12-16							
Sig		15	The 1 To an Sea Treasure									
П	re	Type of	JWAN BYELS SEC/THEASURE									
			·	· · · · · · · · · · · · · · · · · · ·	ıf PTIN							
		'' '	2/4/2/2/	Check	」"							
	id		copher T. Pakos () / lahacer. pc 5'-12.1	self-employed	d P00067371							
	epar		one to opine to the total terms of the terms									
Us	e Or	11y Firm's addre	ss ⁵³⁵ Lloyd Ave	Firm's EIN ►	20-0144531							
			Latrobe PA 15650	Phone no	(724) 537-6010							
Ma	y the I	IRS discuss thi	s return with the preparer shown above? (see instructions)		X Yes No							

Form	990 (2015)	FACTOR	Y WORK	ERS 1	LABOREI	RS UNI	ON LO	CAL NO.	L357		20-2	258575	P	age 2
Part	t III	State	ment o	f Progra	am Se	ervice A	Accom	olishm	ents	•					
	_	Ćheck	ıf Schedu	le O conta	aıns a r	esponse	or note to	any line	in this Part	III					<u>. []</u>
1	Bnefly	describ	e the orga	nızatıon's	s missic	on			-						
	REP	RESEN	T FACT	ORY WO	ORKE	RS IN	MAINT	AININ	G						
			G RELA												
									-			 -			
2	Did th	e organ	ization und	dertake ar	ny signi	ificant pro	gram ser	vices du	ring the year	which wer	e not listed on t	he pnor		-	
													🗌 Ye	s X	No
	If 'Yes	s,' descr	ıbe these ı	new servi	ces on	Schedule	0						_	_	
3	Did th	ne organ	ization cea	ase condu	ucting, d	or make s	ignificant	change	s in how it co	nducts, an	y program serv	ices?	🗍 Ye	s X	No
			be these										_	_	
4	Desci	ribe the	organizatio	on's progr	am ser	vice acco	mplishme	ents for e	ach of its th	ree largest	program servic	es, as measu	red by expe	nses	
	Section	on 501(c	c)(3) and 5 if any, for	01(c)(4) o	organiza	ations are	required	to repor	t the amoun	t of grants a	and allocations	to others, the	total expens	ses,	
	andre	evenue,	ii ariy, ioi	each prog	grain se	or vice rep	orteu								
4	10-4-		\	·				un altudu	a aronto of			\/Payanua	\$		
4 a	(Code	•)(E	xpenses	۶			includir	ig grants or	۶) (Revenue	ې		
				 -		 -									
		-							. 			 -			· – – –
						. – – – –	_					- -			
													-		· -
					-								- -		
															
									. – – – –			- -			
							-					- 			. – – –
										-			-		
				-											
				- -					- -						
															
4 b	(Code) (E	xpenses	\$			ıncludır	ng grants of	\$) (Revenue	\$	<u> </u>)
				 -											
						. 									
											-				
						. -									
						- 					. 		-		
						. – – –									·
										•					
4 c	(Code	e. <u></u>) (E	xpenses	\$			ıncludii	ng grants of	\$.) (Revenue	۶)
															
													- 		
				- -			_					- 			-
													-		-
								- -			. 				
															-
				- -						- -	. 				
									- -		. – – – – –				
															-
				(D 1		- L. L. L				-					
4 d			m services	Describ	e in Sc			6	¢		\ /D	ė		`	
4 -		enses	\$ n service e	vnores		includ	ıng grant	s of	Υ) (Revenue	۷			
40	rotal	progran	ıı service ê	:xpenses	-										

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Χ 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Χ 11 b Χ 11 c Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . 11 f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. . . . 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes.' complete Schedule E.......... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14a Χ 14b Χ 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19

				<u> </u>
Pa	武队 Checklist of Required Schedules (continued)		Yes	No
20	a Did the organization operate one or more hospital facilities? If Yes', complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
,	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28				#
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33_		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) FACTORY WORKERS LABORERS UNION LOCAL NO. 1357

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		• • •	للن
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	_	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х_
	b If 'Yes,' enter the name of the foreign country			•
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		<u>x</u>
	b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	ু 7 a		10
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		\vdash
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		\vdash
	Form 8282?	7 с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	<u> </u>		1001 p. (8)
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		L,
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		L
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			1 1
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	L	Ш
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
3A/	TEEA0105 10/12/15	Form	990 (2015)

Form 990 (2015) FACTORY WORKERS LABORERS UNION LOCAL NO. 1357 20-2258575 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 5 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 Х 6 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?................ 8 a Х 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

BAA

EDWARD BYERS

1800 LIGONIER STREET LATROBE

15650

(724) 600-6229

Form 990 (2015) FACTORY WORKERS LABORERS									20-22585	
Part VII Compensation of Officers, Director Independent Contractors	ors, Tru	stee	es,	Key	y E	mpl	oye	ees, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or	note to an	y line	e in t	his f	Part	VII .				
Section A. Officers, Directors, Trustees, Ke	y Emp	loye	es,	an	id F	ligh	es	t Compensate	d Employees	
1 a Complete this table for all persons required to be listed organization's tax year. • List all of the organization's current officers, directo compensation. Enter -0- in columns (D), (E), and (F) if no	rs, trustee	s (wl	heth	er ın	divid			, ,		
 List all of the organization's current key employees, 	•							, , ,		
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations 	2 and/or E	3ox 7	of F	Form	า 10	99-M	IISC) of more than \$10	0,000 from the	
 List all of the organization's former officers, key em of reportable compensation from the organization and any 	related o	rgani	izatı	ons	·			• •		00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat 	ion from tl	he or	ganı	zatio	on a	nd ar	ny re	elated organization	s	
List persons in the following order individual trustees or d employees, and former such persons	rectors, ir	nstitu	tiona	al tru	ıstee	es, of	ffice	rs, key employees,	highest compensate	ed
Check this box if neither the organization nor any relation	ted organi	zatio	n co			ted a	ny e	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week	thar	one s both dire	box, u an of ector/	ot che unless fficer truste	ck more s personand a ee)	OΠ	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	nstitutional trustice	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KENNETH COGAN PRESIDENT	5.00	x						8,342.	0.	0.
(2) HARRY GROSS VICE PRESIDENT	_3.00	х						1,666.	0.	0.
(3) EDWARD BYERS	3.00	x								
SECRETARY/TREASURER _(4)_ DAVID_RACHOKI	3.00							1,708.	0.	0.
RECORDING SECRETARY	2 00	Х					-	720.	0.	0.
(5) CHARLES HOFFMAN SERGEANT AT ARMS	3.00	х						250.	0.	0.
	3.00	x						427.	0.	0.
										-
(10)							†-	-		
(11)										_

(14)

(13)

<u>(12)</u>

Part VII Section A. Officers, Directors, Tru	T .	Key T	En	_		es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week	box	, unle	ss pe	ition more rson i	than o s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) imated nt of other	er
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro orga and	ensatior im the nization related nizations	
<u>(15)</u>							_	-				
<u>(16)</u>									-			
(17)										-		
(18)							_				_	
(19)												
(20)												
(21)		\vdash										
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			• •	• •	<u> </u>		•	13,113.	0.			0.
c Total from continuation sheets to Part VII, Secti							•					
d Total (add lines 1b and 1c)							eive	13,113. d more than \$100,	0. 000 of reportable cor	npensat	ion	0.
from the organization >											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										. 3		Х
For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable co	ompe 000?	nsa ' <i>If "</i> \	tion /es'	and com	othe plete	r co Sci	mpensation from hedule J for				
such individual	compensat	on fr	om	 any	unre	· ·	 d org	ganization or indivi	dual	. 4	-	Х
for services rendered to the organization? If Yes, or Section B. Independent Contractors	complete S	Sched	lule	J fo	suc	h pe	rsor	1	· · · · · · · · · · · · · · · · · · ·	. 5		X
Complete this table for your five highest compensal compensation from the organization. Report compensation from the organization.	ted indepe	nder or the	t co	ntra	ctors	that	rec	eived more than \$	100,000 of organization's tax ve	ear.		
(A) Name and business addr	ess							(B Description of		(c Compe	C) nsatio	n
2 Total number of independent contractors (including	but not lir	nıted	to th	hose	list	ed ab	ove	e) who received mo	re than			
\$100,000 of compensation from the organization	<u> </u>	TEE 4							<u> </u>	Form	000 (2045

Form 990 (2015) FACTORY WORKERS LABORERS UNION LOCAL NO. 1357 Part VIII Statement of Revenue

	,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
6 m	1 -	Federated campaigns .		1 a			revenue		312-314
별별				1 b					
윤희		Membership dues		-	129,439.				
हैं ≨		Fundraising events		1 c	3,451.				
lar ∰		Related organizations .		1 d					
in.	е	Government grants (contribution	ons)	1 e				•	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr similar amounts not included a	ants, and	1f					
풀이		Noncash contributions include		1-1f S					
뒃	h	Total. Add lines 1a-1f		'-		132,890.			
					Business Code	132,090.	}		
동	2 a	1		-					
ě	b			 -		 			
ĕ		′							
ž		. – – – – – – – –							
တီ	d	'							<u> </u>
a a	е	'				_			
Program Service Revenue		All other program service							
مّ	9	Total. Add lines 2a-2f .					* *	+.	, ,
	3	Investment income (incluother similar amounts) .	iding divid	lends, ı	nterest and	178.	0.	178.	0.
	4	Income from investment							
	5	Royalties							
			(ı) R		(ii) Personal				
	6 a	Gross rents					, ,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 4.
		Less rental expenses			 				
		Rental income or (loss)				4× % 100	,		
		, ,	-\		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		Net rental income or (los			(II) Other				*
	7 a	Gross amount from sales of	(ı) Secu	riues	(ii) Other				
		assets other than inventory			ļ <u>.</u>	۵	*		
	b	Less cost or other basis and sales expenses							ţ
	c	Gain or (loss)]			
	d	Net gain or (loss)			·				
nue		Gross income from fundr	aising eve	ents					
ē		of contributions reported	on line 1	;)					
Other Reve		See Part IV, line 18			a				
ᡖ	ь	Less direct expenses				1			
둦		: Net income or (loss) from							
0		Gross income from gami See Part IV, line 19							
•		Less: direct expenses							
					b				
		: Net income or (loss) from			s				
		Gross sales of inventory, and allowances			a				
		Less: cost of goods sold			b[
	С	Net income or (loss) from		invento	ory ►				
		Miscellaneous Revenu	ie		Business Code				
	11 a	·		L					
	b)	_						
	c	;							
	d	All other revenue							<u> </u>
	e	Total. Add lines 11a-11d	1						
		Total revenue. See instr				122 000		170	
	• =	. Juli revenue. Dee ilisti	2000113 .			133,068.	0.	178.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX.

		· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,600.	1,600.		327
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,000.	±, 000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	13,113.	13,113.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,356.	10,356.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,449.	3,449.		
11	Fees for services (non-employees)	-,,			
	Management				
-	Legal	19,173.	19,173.		
	Accounting	2,129.	10,1173.	2,129.	
	Lobbying			2,120.	
_	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	7,136.		7,136.	
14	Information technology	4,345.		4,345.	
15	Royalties				
16	Occupancy	7,995.		7,995.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	71,951.	71,951.		
22	Depreciation, depletion, and amortization				
23	,	1,107.		1,107.	,
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK FEES	370.		370.	
	MEALS & ENTERTAINMENT	9,591.	9,591.		
	MISCELLANEOUS	2.588.		2,588.	
	POSTAGE	49.		49.	
	All other expenses	2,214.		2,214.	
	Total functional expenses Add lines 1 through 24e	157,166.	129,233.	27,933.	
26	·	, = -			

Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	80,326.	1	57,090.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	and the second s
छ	7	Notes and loans receivable, net		7	_
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	' સોંડ્યુ અહે	Šys	·# A #
	ь	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	50.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,326.	16	57,140.
\neg	17	Accounts payable and accrued expenses	1,275.	17	2,187.
	18	Grants payable	1/2/31	18	2/10/.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	•	20	
ဖွ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,275.	26	2,187.
,		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	79,051.	27	54,953.
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
e t	33	Total net assets or fund balances	79,051.	33	54,953.
~	34	Total liabilities and net assets/fund balances	80,326.	34	57,140.
BA	A		* * * * * * * * * * * * * * * * * * * *		Form 990 (2015)

Forn	990 (2015) FACTORY WORKERS LABORERS UNION LOCAL NO. 1357 20-	2258575		Page 12
Pai	(文本) Reconciliation of Net Assets	•		
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	133	3,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	157	7,166.
3	Revenue less expenses. Subtract line 2 from line 1	3		,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,051.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54	,953.
Pai	ftˈXII〗Financial Statements and Reporting			.,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII			
	Check it Scriedule O contains a response of note to any line in this halt All	• • • •	· · · · ·	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis		1 3	
ŀ	were the organization's financial statements audited by an independent accountant?		2 b	X Christian streets
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			100
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		4	di Mali
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
ı	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdıt	3 h	

Form 990 (2015)

BAA

TEEA0112 10/20/15

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions

Open to Public Inspection

Νo

lΝο

is at www.irs.gov/form990. If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V. line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered 'Yes.' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete. Part II-A If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ. Part V, line 35c (Proxy Tax) (see instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number FACTORY WORKERS LABORERS UNION LOCAL NO. 1357 20-2258575 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 . . .

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

b If 'Yes,' describe in Part IV Part I-C || Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (e) Amount of political (d) Amount paid from filing organization's funds If none, enter-0contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(1) (2) (3) (4) (5)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

	the organization	is exempt under sec		d filed Form 5768 (e	election under
section 501(s to an affiliated group (and	list in Dart IV each off	iliated group member's per	
	-	share of excess lobbying ex		mated group member's nar	116,
	•	ed box A and 'limited control	•		
(The term	Limits on Lobbyir 'expenditures' mear	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	es to influence public	opinion (grass roots lobbyi	ng)		
b Total lobbying expenditur	es to influence a legi:	slative body (direct lobbying)		
c Total lobbying expenditur	es (add lines 1a and	1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose ex	penditures (add lines	1c and 1d)			
f Lobbying nontaxable amo both columns	ount Enter the amou	nt from the following table in	· · · · · · · · · · · · · · · · · · ·		
If the amount on line 1e, colu	ımn (a) or (b) is	The lobbying nontaxable	amount is	444	
Not over \$500,000		20% of the amount on line 1e		人工教 整裁 另	
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable ar	mount (enter 25% of I	line 1f)			
h Subtract line 1g from line	1a If zero or less, er	nter -0			
i Subtract line 1f from line	1c. If zero or less, en	ter -0			
		line 1h or line 1i, did the org			Yes No
(Som	e organizations that	-Year Averaging Period U made a section 501(h) ele s below. See the instruction	ection do not have to		
	Lobby	ying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount			-		
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Cabadala O/Fee	n 990 or 990-FZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Aı	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?				······································	
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	_				
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?		-			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-	
i Other activities?					
j Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912		7	· · · · · · · · · · · · · · · · · · ·	M114	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	5.46k	ľ		-	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	. or			
section 501(c)(6).	(-)(-)	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part l	, or s III-A,	ection line 3, i	501(c) s	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		h.			
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5	-		
Part IV Supplemental Information					
Provide the decembers required for Bort A. Inc. 1. Bort I.B. Inc. 4. Bort I.C. Inc. 5. Bort II.A. (affiliated annual lat.). B.					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	(=) 555. (4140	(0) inclined of validation cost of che-or-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
B)		
(C)		
D)		
(E)		
(F)		
(G)		
(H)	-	
(i)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		
Part VIII Investments — Program Related.		
Complete if the organization answered '	Yes' on Form 990, f	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	-	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13).		
Part IX Other Assets.	V!	2. LDV P. 44 LO. E. 000 D. (V. B. 45
Complete if the organization answered	<u>Yes' on Form 990, F</u> scription	Part IV, line 11d. See Form 990, Part X, line 15.
(1)	scription	(b) Book value
(2)	·	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) li	ne 15)	······
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on F		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability	orm 990, Part IV, line 1 (b) Book value	1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2)		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)		le or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		le or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		le or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)		le or 11f See Form 990, Part X, line 25
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	(b) Book value	
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	(b) Book value	
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(b) Book value	ncial statements that reports the organization's liability for uncertain

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization		Employer identification number
FACTORY WORKERS I	ABORERS UNION LOCAL NO. 1357	20-2258575
Pt VI, Line 11b	FORM 990 IS REVIEWED AT MEMBERSHIP MEETING BEFO	DRE FILING
Pt VI, Line 6	MEMBERSHIP IS COMPRISED OF UNION MEMBERS	
Pt VI, Line 7a	UNION MEMBERS ELECT THE GOVERNING BODY	
Pt VI, Line 7b	MAJOR DECISIONS MUST BE VOTED ON BY GENERAL MEN	4BERSHIP